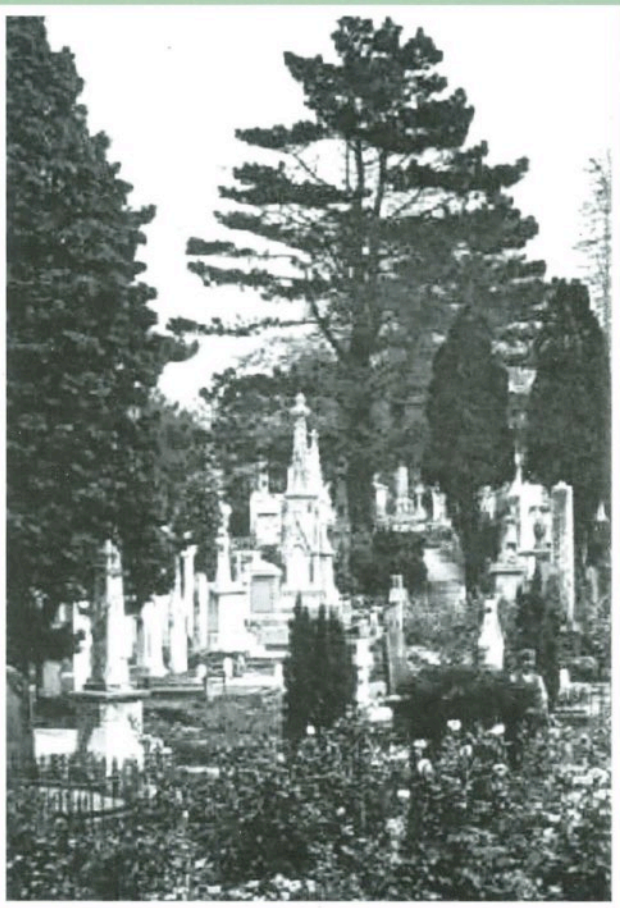


THE 1832 CHOLERA EPIDEMIC AND ITS IMPACT ON THE CITY OF BRISTOL



SUE HARDIMAN

THE BRISTOL BRANCH OF THE HISTORICAL ASSOCIATION LOCAL HISTORY PAMPHLETS

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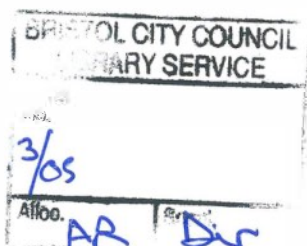
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Cover illustration: Arnos Vale Cemetery
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Background to the 1832 epidemic

'It has mastered every variety of climate, surmounted every natural barrier, conquered every people.' This was how a terrified writer described the new pestilence sweeping the globe in November 1831. This disease had been endemic to the Indian sub-continent for centuries and the inhabitants of Lower Bengal worshipped it under the guise of the goddess Oolee Beebe.¹ It thrived in crowded conditions and loved both filth and squalor. It had the ability to strike a man dead in a matter of hours in the most unpleasant and agonizing of ways. It produced a toxin that inhibited the body's ability to absorb water and salts and this caused copious sickness and diarrhoea. After being racked with violent spasms, the victim would visibly shrink before the eye owing to severe dehydration. During the last stages of the disease the victims often turned blue due to lack of oxygen.² This terror broke out of its Asian confines in 1826 and made its slow and determined way across the continent of Europe. By the 8th of October, 1831 it had arrived in Hamburg, an alarmingly short distance from Great Britain and one frequented by British trading ships. Thus, the population of the United Kingdom was faced with a fearsome new enemy taking its name from choler or bile; it was known as Spasmodic cholera, the Asiatic cholera or the Cholera Morbus.³

Why was cholera able to spread so easily through Europe, when it had previously remained confined to India? In 1817 when the first cholera pandemic occurred, it was spread by changes as a result of colonial rule in India. The British had opened up the Indian sub-continent by creating new rail networks and road systems. Allied to this was the increase in shipping and the vast movement of pilgrims. In addition, troop movements and slave trading carried the disease as far as Africa and Afghanistan. This first pandemic lasted six years, but stopped short of entering Europe. By the end of the nineteenth century the disease would sweep out of India and circle the world six times. The second pandemic began in 1826 and continued to track the routes of traders and soldiers. In this way, it reached Moscow in 1830 and from

there spread to England via Germany.⁴ The environment created by the industrial revolution and the burgeoning urban landscape of the nineteenth century was perfect for the growth of this disease. Overcrowded slums, lack of proper sewerage facilities as well as poverty and hunger provided an ideal environment for the cholera bacillus. In addition to this, the ignorance of the medical profession and the intransigence of those in authority helped it to spread and become an unwelcome but frequent visitor to the shores of nineteenth century Britain.

There have been few diseases to strike the United Kingdom which have had such a lasting resonance as the Asiatic cholera. Although disease and death were accepted as a part of everyday life in the nineteenth century, cholera somehow seemed to have an enormous impact on the popular psyche. Cholera not only assaulted the body but affected people's sensibilities. This disease was seen as the product of colonial backwardness and was thus reviled. The unpleasant symptoms of the disease, allied to the dreadful smell associated with it, were an anathema to Victorian gentlefolk. To the Victorian mind, this disease (which largely affected the poor) proved that they were inferior both physically and morally. Such displays of moral agony, accompanied by sermonizing and prayer, were common reactions to the disease.⁵

Cholera's slow march across Asia and Europe in the 1820s and '30s was watched with fear and trepidation by the people and government of Britain alike. This was evident in the contemporary newspapers, who charted its progress with interest and the disease became a topic for discussion and debate amongst the literate classes. News of the disease soon filtered down to the lower classes through the proliferation of posters and pamphlets. This heightened the fear of the illiterate poor who were assaulted on every corner by notices that they were not able to understand. Contemporaries observed that consistently seeing the word 'Cholera' posted on every street seemed to amplify the panic amongst the lower classes.⁶ Nevertheless, the imminent arrival of the disease was thought by many to be an exaggeration or 'cholera humbug'. Despite this, the fear of cholera or 'choleraphobia' became widespread amongst the propertied classes and was caused by lack of reliable information and fuelled by rumour and gossip. False cases were reported and speculation ran high. Indeed in June 1831, Dr. James Johnson wrote to *The Times* and argued that 'the choleraphobia will frighten to death a far greater number of Britons than the monster itself will ever destroy by his actual pestilence'.⁷ However, once the first case was documented in Sunderland on October 23rd it soon became obvious to all that the cholera was a real and deadly threat.⁸

The 1831-2 outbreak was the most significant for a number of reasons. Not only was it the first cholera epidemic to reach the United Kingdom, but it was set amongst one of the most turbulent socio-economic periods in history. This was a time when the population began to voice their grievances and raise their expectations. William IV had become King after the death of George IV, Wellington was no longer Prime Minister and Lord Grey had replaced him. The cry for reform was in the air and the Reform Bill was eventually passed through Parliament in 1832 after three attempts. This bill was of great significance to the populace as it abolished the so-called 'rotten' boroughs and ensured that the new industrial cities such as Manchester and Birmingham were represented in parliament. This Act also extended the franchise and thus increased the political power of the middle classes.⁹ The fear of cholera and the need for reform became increasingly entwined. In fact, the idea that government was using the cholera to divert the public's attention from reform was a popular misconception. Tracts and verses were commonplace. Indeed, *The Lancet* charged the public and government alike of 'scribblomania' owing to the mass of posters, broadsheets, pamphlets being distributed.¹⁰

The 1832 cholera epidemic was also a defining moment for the medical profession. General regard for them had sunk to an all-time low and they seemed impotent in the face of so much death and disease. Indeed, they were still basing their knowledge of epidemics on their experiences of the bubonic plague. Paranoia over the hypothetical link between cholera and the surgeon's need to obtain fresh corpses for dissection led to public riots in cities such as Manchester and Liverpool.¹¹ The legendary exploits of Burke and Hare had become part of popular myth and 'burking' or bodysnatching had become a real concern. Surgeons were keen to obtain bodies for dissection, often flying in the face of the law and popular opinion. A letter written from John Goodair to John Sloane in 1848 deals with the question of accepting cholera victims for dissection.¹² Goodair states that there was no objection to having such cadavers on his tables, if all his other supplies had run out. The government's introduction of the Anatomy Act in 1832 did little to help matters, as it tried to eliminate 'burking' by making it legal for doctors to dissect the bodies of the unclaimed dead. However, this specifically affected the poor from workhouses and almshouses as this was where most of the unclaimed bodies were located.¹³ Allied to this was the inherent fear of being buried alive. One of the more unpleasant characteristics of cholera was that in its 'cold stage' it could render the victims comatose and surprisingly deathlike. Even then, however, there was still the possibility of recovery. Nevertheless, the

overworked and uninformed local doctor often mistook these conditions for death itself. In June 1832, a labourer in Haddington was buried alive after contracting the cholera and there were many other documented cases.¹⁴ The speed with which cholera victims needed to be buried did not help assuage those fears. To confuse matters further, another unfortunate symptom of the cholera was the post-mortem muscular spasms that gave the appearance of life.

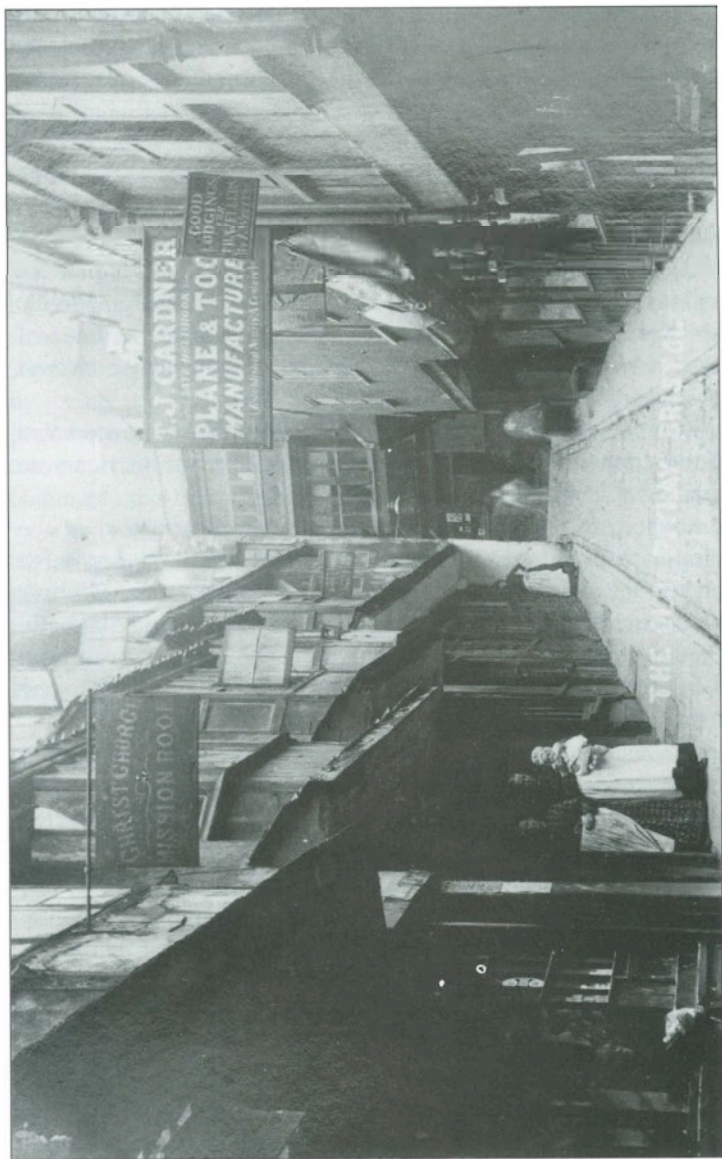
Bristol

During the medieval and early modern period, the city of Bristol had the distinction of being the most important city outside London. Not only was it was one of the key trading centres in the country but it was also a centre of exploration and had launched the voyages of John Cabot. In fact it has been suggested that America had actually been named after a prominent Bristol merchant and financier of the voyages, Richard Americke.¹⁵ This prominence continued well into the eighteenth century when Bristol played a major role in the triangular trade with the West Indies. In fact, much of Bristol's civic wealth had been amassed on the profits of the slave trade. James Grainger described the city in *The Sugar-Cane* written in 1746, 'Bristol, Britannia's second mart and eye'.¹⁶ Nevertheless, by the early nineteenth century things had begun to change. In 1828, Matthew's *Bristol Directory* records that:

'Bristol for centuries ranked as the second city in England in respect of riches, trade and population; but the present extent of its foreign commerce will bear no comparison with that of the port of Liverpool and it appears to be exceeded in population by the manufacturing town of Manchester.'¹⁷

The reason for this decline was in part due to the crippling cost of harbour dues which outstripped those of Liverpool or London. There was also a problem with the navigation of the river which the creation of the floating harbour in 1809 attempted to alleviate. Nevertheless, the inefficiency of the harbour authorities and the decline of some of Bristol's traditional industries such as the woollen industry contributed to its continued deterioration.¹⁸

The Reverend John Skinner, rector from Camerton near Bath, visited Bristol in 1830 and commented that it was 'a vast and dirty city'.¹⁹ Indeed during this period Bristol had the unenviable reputation of being the third unhealthiest town in England.²⁰ In 1831 the total population of Bristol was 104,408.²¹ The visitor to the city was welcomed by the view of slums, overcrowding, poverty and the smell of the discharge of sewage into the River Frome. As a result, the problems associated with the river became a major source of concern. By the 1820s, 34 sewers



The Pithay (Photo courtesy of Derek and Janet Fisher)

were discharging 20,000 tons of faecal matter into the river each year.²² Latimer recorded in his *Annals of Bristol* that in 1825 the parlous state of the docks prompted the citizens to apply for a mandamus against the Dock Company requiring them to make some provision for the removal of the sewage into the tidal part of the river. Although the company attempted to abdicate their responsibility, they were forced to take action and created Mylne's culvert at a cost of £7,000 which went some way to diverting the filthy waters of the Frome into the tidal Avon.²³ Nevertheless, in spite of this, by 1845 William Budd commented to the Heath of Towns Committee that:

'... along the whole course of the stream is a source of noisome effluvia, which in the summer season sensibly poisoned that air for a long way round ... privies up and down the stream belonging to the houses which abut upon it hang over a bank of mud the level of which is only swept at spring tide ... the state of things in the interval is too loathsome and disgusting to describe'.²⁴

Yet it was the creation of the floating harbour that had exacerbated the situation. In their 1845 report on the Health of Towns, Sir Henry de la Beche and Dr. Lyon Playfair commented that:

'... the whole of the sewerage, anterior to the construction of the Floating-harbour, ... was arranged for delivery into a tidal river, so that when the new cut was made from Hotwells to St. Phillip's Marsh...between these points was converted into a Floating-harbour, nearly the whole sewerage of the city, as regarded its delivery into the tidal river, was disorganised and the sewage thrown into the stagnant waters ...'.²⁵

In fact the state of Bristol was so insalubrious that when de la Beche was conducting his investigations, he had disappeared down an alley to vomit!²⁶

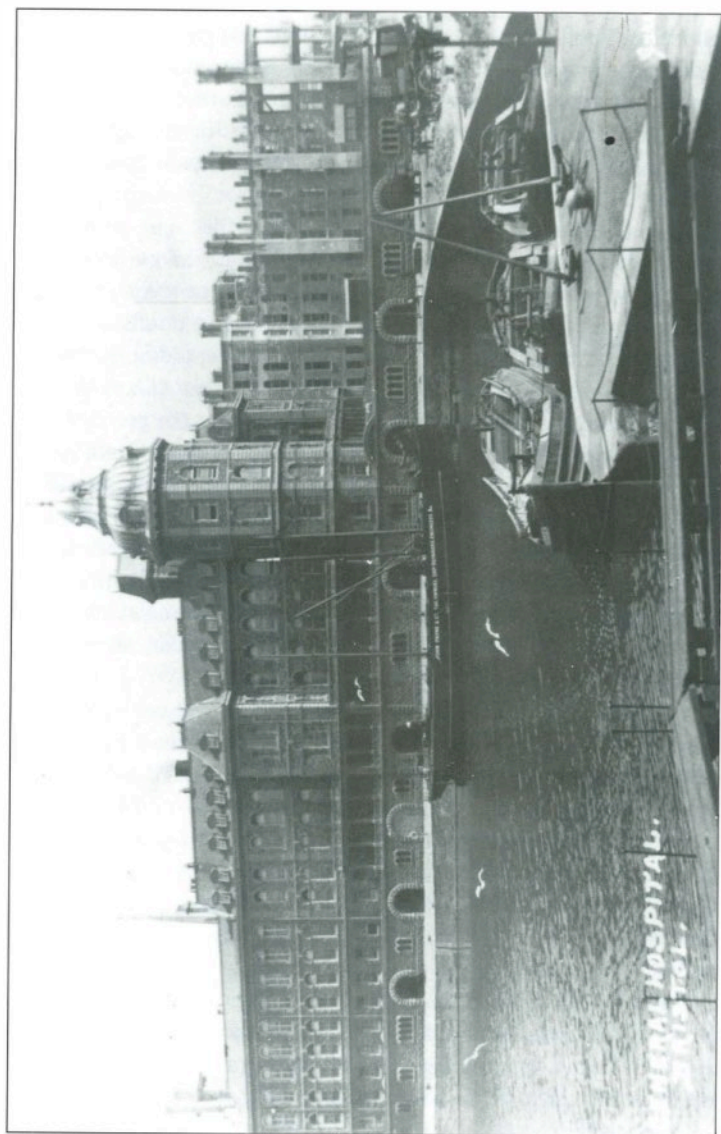
This unwholesome and unhealthy state of affairs primarily affected the poor who found themselves compelled to live nearest the river and use its water for their everyday needs. The rich were able to escape the worst of it by escaping to the more genteel surroundings of Clifton. Despite this, Playfair and de la Beche noted that even in such an affluent area 'the want of proper sewerage is deplorable ...'.²⁷ The Commission also commented on the lack of clean water available in Bristol. This was ironic as only 50 years earlier, the wealthy flocked to Hotwells in Bristol to partake of the healing waters. However, by the mid-nineteenth century the commissioners remarked that 'there are few, if any, large towns in England in which the supply of water is so inadequate as at Bristol'.²⁸

However, Bristol's water supply had not always been in such an appalling state. The citizens of medieval Bristol benefited from an extremely efficient system of water pipes constructed either from lead or

elm, as well as conduits kept running by the local monasteries²⁹ Indeed, Bristol merchants had commented that 'God had placed Bristol on a hill that the From and Avon might be natural sewers'.³⁰ Nevertheless, by the sixteenth century the water supply had become overstretched and polluted. In 1695 the first Bristol Water Works company was founded and began to carry water in from Hanham Mills. This ended in 1782 and the title deeds came up for auction in 1811. It was then proposed that water could be carried in by canal, but that was turned down. The observation of Bristol's water at the time was 'if it would not turn a water wheel it would easily turn stomachs'.³¹

During the early part of the nineteenth century the south of the city was singled out as having the worst of conditions, in particular the parishes of Redcliffe, Temple and St. Thomas. In these areas there was severe overcrowding, a lack of proper sanitation and an unreliable water supply. The water was obtained from street pumps or could be purchased by the jar at extortionate prices.³² Latimer records in his *Annals* that the poor were generally without any provision and were at the mercy of the water carriers for which they had to pay upwards of a penny a day. He comments that it was therefore not surprising that the poor should be most dirty in both habit and appearance.³³ Not only this, but the lack of burial space in local churchyards began to have detrimental effects on the local environment. The churchyards in the parish of St. Thomas were full to overflowing and it was possible to see human remains strewn over the ground. Needless to say, the smell of decay pervaded the atmosphere and polluted nearby houses.³⁴

In spite of the increased poverty in the city, there had been a number of positive developments. During the early part of eighteenth century, Bristol witnessed an awakening of philanthropic spirit and the creation of a number of new hospitals funded entirely by voluntary contributions.³⁵ The most significant new provision for the care of the sick came in 1736 with the creation of the Bristol Royal Infirmary. It was the second provincial voluntary hospital created in the UK. It was situated in Maudlin Lane and initially housed 17 men and 17 women patients.³⁶ However, by the late eighteenth century it had outgrown its original structure and had to be re-located. There were also problems with providing an adequate drainage and water supply. Subsequently, a rival institution was created in Guinea Street and founded by the Quakers. This new general hospital was opened on 1st November 1832 and was responsible for taking in cholera patients.³⁷ This development was not universally welcomed. The inhabitants of St. Mary Redcliffe parish convened a meeting to discuss the situation as they were not keen to have cholera patients on their doorstep.³⁸



General Hospital (Photo courtesy of Derek and Janet Fisher)

The medical profession in Bristol

J.A. Symonds and Andrew Canrick produced a medical topography of Bristol in 1834.³⁹ In this they described in meticulous detail the geography, geology and climate of the Bristol area. As for the city itself, they gave an account of the poor ventilation of the streets and described the courts and alleyways filled with human miasmata and filth.⁴⁰ In addition, they commented on the differing trades and commerce in Bristol. They described in detail the deplorable state of the foodstuffs available to the poor, including tainted meat that was so rotten it was almost liquid!⁴¹ Additionally, they observed the lack of decent clothing and blankets amongst the poorer classes. In particular, they made reference to the foul state of the floating harbour. In common with other observers of the time they commented that the poor would be a great deal happier if they didn't waste money on drink. They included a summary of the diseases most commonly experienced by Bristolians and these included dysentery and pneumonia.⁴²

Bristol was fortunate in having a number of well respected and conscientious medical men at its disposal during the cholera epidemics. These included John Addington Symonds, Edward Lane Fox and William Budd. Budd is perhaps the most well known of these and contributed to the medical debates on cholera at a national level. His primary work *Malignant cholera: its mode of propagation and prevention* (written in 1847) was based on the Bristol epidemic of 1832. He concluded that cholera was 'a living organism of a distinct species ... taken by the act of swallowing into the intestinal canal'.⁴³ He argued that it could be ingested either through particles in the air, in food or principally through the drinking of infected water. He believed that there were in the discharge of every cholera patient 'germs enough, if they all take effect, to infect the population of a kingdom'.⁴⁴ However, his reputation was fatally weakened by his discovery of the so-called 'cholera fungus', which he claimed caused the disease. His fellow medics treated the observation with scepticism and it had an adverse affect on the more important aspects of both his work and that of John Snow; chiefly that cholera is disseminated through water. Yet another Bristol doctor Edward Long Fox published a pamphlet on the causes and nature of the cholera.⁴⁵ In this he supported the miasmatic theory regarding to the spread of cholera. He recognised that cholera prefers the lower areas near rivers and is held in abeyance by the cold weather. He advocated the enforcement of quarantine measures and the removal of filth. Amongst the cures he recommended were electric shock treatment, vapour baths and the external application of mercury. He was an expert in mental health, specialising in the humane treatment of the insane.⁴⁶ He

also advised submission to the Divine will of God and as such argued that 'in such a state of mind we may entertain confidence and cheerfulness, short of this cheerfulness is delusion or stupid indifference'.⁴⁷ In another pamphlet published in Bristol, J. Clarke Searle (a member of the Royal College of Surgeons) described the victims of cholera as either habitual drunkards or people suffering with depression.⁴⁸ He advocated the cleansing of dwellings and the removal of nuisances. Searle also recommended the use of electricity as a cure. The observation that drunkenness seemed to be prerequisite of cholera was a common one and it seemed logical to medics that those addicted to drink would have had a weakened constitution and a more irritated stomach lining.

John Addington Symonds

However, it was John Addington Symonds who became the leading physician during the 1832 outbreak in Bristol. Born in Oxford to a medical family, he graduated as a doctor from Edinburgh in 1828. In 1831 he moved to Bristol where he remained until the end of his life. Whilst successfully managing a large practice, he was also a prolific writer and contributor to medical journals. He gave up his practice in 1868 and died in 1871.⁴⁹ During his tenure in Bristol, he became Honorary Secretary to the Bristol Board of Health, Physician to the Bristol General Hospital and Bristol Dispensary.

In 1835 he contributed a report to the Transactions of the Provincial Medical and Surgical Association.⁵⁰ This included a map of Bristol showing the areas affected by cholera. The report gave a comprehensive account of the disease. He observed that cholera was more prevalent in females than males and this he attributed to the large amount of clothing worn by women and their susceptibility to atmospheric conditions.⁵¹ He believed the disease to be a debility caused by intemperance, improper food, fatigue, anxiety and living in confined spaces. He also mentioned external influences such as muggy or moist air, heat and dryness and that the disease was held in check by cold weather.⁵² Symonds also mentioned the effects of soil. He noticed that damp or low soil was favourable to the cholera. He also noticed its predilection for stagnant water and effluvia. He recorded that Bristol was intersected by rivers and canals and that the 'concentration of human effluvia, from the herding of great numbers of individuals in a small space is unquestionably the most influential agent in propagating the disease'.⁵³ He concluded that cholera seemed to begin and propagate itself independently and that a clear mode of communication was frequently absent. He mentioned a number of observations in support of his theory. These included the lack

of evidence that the first case had been exposed to infection; that the disease broke out in different parts of town with no obvious means of communication; that people fled to other parts of the city and did not spread it and that no medical men seemed to succumb to the disease.⁵⁴ Symond's second observation was that occasionally something emanated from a body infected with cholera which had the power to induce the disease. To support this hypothesis he recorded that many nurses or corpse bearers seemed to get the disease. Additionally, people noticed a special odour coming from the bodies and those people that had worked with the sick often were the first to succumb. He specifically referred to a case of a young girl becoming ill with cholera and returning to Thornbury where she lived. She recovered, but her mother caught it and died, although she had never been to Bristol. Other observations recorded by Symonds included the disease occurring during the fruit season in the autumn months. He also remarked that cholera could be caught by fright and recounted the tale of a gentleman so afraid of cholera that, when hearing of a lady acquaintance dying of it, he immediately succumbed himself. Symonds also recorded the spasms of the victims and their falling into the cold stage of the disease.⁵⁵ He concluded by saying that the last set of cases of the disease were the most fatal. They occurred in individuals who were the worse subjects of the disease as they were the 'unfortunate lower Irish residing in Marsh Street, degraded and filthy, subsisting on the most scanty food and of the worse description, miserably clad and herded together in dark, ill-ventilated rooms.'⁵⁶ In a letter to *The Lancet* in 1833 he described some of the treatments recommended for cholera patients.⁵⁷ He advised the use of calomel and enemas of brandy and turpentine. Doctors also experimented with remedies such as mustard emetics and blood letting. The application of leeches to the head was also attempted.

Evidence shows that there was a great debate and discussion amongst the medical profession with regard to the nature and progression of the cholera. Ironically, the few medics who had discovered the true cause of the cholera and advocated more reliable remedies were ridiculed and their theories dismissed until well into the late nineteenth century. Bristol was fortunate to have a number of distinguished practitioners who were well-respected. They worked in tandem with the local authorities to try and alleviate the suffering of her citizens and prevent cholera from spreading, despite their ignorance of the real causes of the disease.

The epidemic approaches the city

In common with the rest of the United Kingdom, the citizens of Bristol had been taking a morbid interest in the progress of cholera

throughout Europe. The weekly newspapers were keen reporters of the advancing menace. At that time there were a number of papers including the long-running *Felix Farley's Bristol Journal* and the *Bristol Mirror*. Prior to the arrival of the cholera in Sunderland in 1831, the papers had charted its course and were advertising the symptoms.⁵⁸ After cholera struck in England, the Bristol papers became increasingly full of suggested remedies for cholera and adverts for various medicines, for example Fincham's Chloride of Lime which promised to prevent the onset of the disease.⁵⁹ There were also letters from respected physicians with advice for its prevention and cure, such as drinking plenty of tea and coffee.⁶⁰ On November 18th 1831 a general notice was posted to the inhabitants of Bristol on precautions against the cholera. It was issued by the Bristol Board of Health.⁶¹ Written by J. Howell MD, the notice proclaimed that the city would be divided into districts in which committees were to be formed from ministers, parochial authorities and medical superintendents. It also recommended that there should be co-operation and that no class was to be exempt. The document outlined that cholera was most often to be found in crowded, ill-ventilated and dirty areas amongst those who were of intemperate and dissolute habits. The proclamation ordered the cleaning of privies, whitewashing of walls, and emphasised the importance of personal cleanliness. Howell concludes by saying he wishes

‘... humbly to prostrate ourselves before the throne of that almighty being who guides the storm and whose arm is mighty to save, beseeching him to stay the hand of his avenging angel and to turn from our doors this escalating (?) calamity’.

This proclamation was followed on the 6th December by a document outlining the symptoms of the disease and what precautions that could be taken to prevent it. Again Howell tried to convince the populace of the need for cleanliness and good ventilation. He also thanked the wealthy fellow citizens for their ‘benevolent sympathy’ and for their help in ‘relieving the wants of the indigent’. He assured the citizens of Bristol that ‘such measures will be taken by the Government and the local Authorities as best calculated, with Divine assistance, to meet the danger’. Clearly, the will of God was felt to be an important factor in the spread of the cholera and the assumption was that there was only so much man could do to prevent it.

The dawn of 1832 saw an increase in cholera deaths throughout England. The Bristol papers reported that the cause of the disease was still baffling physicians.⁶² As the disease progressed, the Bristol papers clearly showed the obsession with the disease. In one week alone *Felix Farley's Bristol Journal* advertised an *Account of the Cholera* by

T.J. Graham MD, as well as a poem entitled 'Spirit of the Plague and a letter on Cholera versus reform'.⁶³ The letter recounted a gentleman passing along one of the principal streets of the city a few days since and he overheard the following dialogue between two women who had just returned from the Committee for the Prevention of the Cholera.

'I say Martha - what has thee got?'

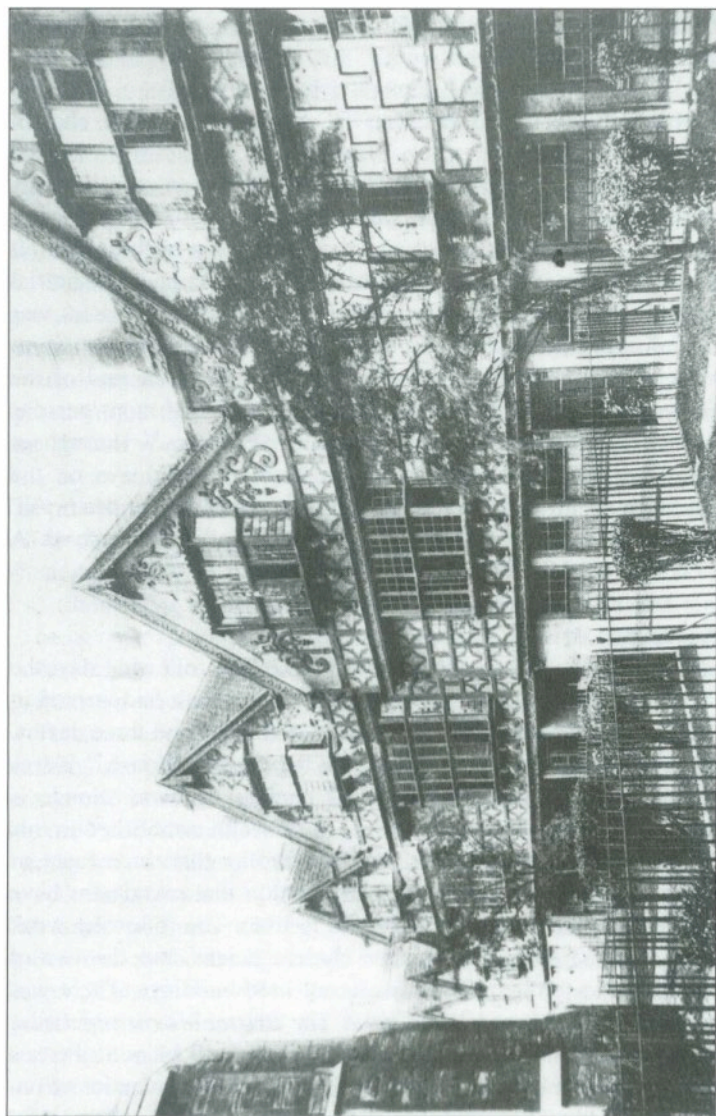
'Why I've got five yards of flannel - what hast thee?'

'Why I've got seven; and dang me if I don't think after all, cholera is better than reform!'

February saw the arrival of cholera in London and an accusation by the newspapers that there was an overreaction to the small number of cases reported there.⁶⁴ That month also saw the papers blaming the fall in temperature for an increase in cholera cases.⁶⁵ In March, the editorial in *Felix Farley's Bristol Journal* highlighted the fact that Bristol was free of the disease, although it did mention that there had been a report of one case on a ship waiting to come into port.⁶⁶ At the end of the month it was mentioned that all vessels carrying 50 or more persons must be allocated a surgeon for the prevention of cholera.⁶⁷ Throughout the spring and early summer, the papers kept a careful eye on the cholera's progress through the country and reported on the death toll. Then in July the moment all Bristol's citizens dreaded had arrived. A case of cholera was discovered in the city.

Cholera reaches Bristol

Cholera arrived in Bristol on July 11th, 1832. The following day, the papers reported that they had reason to fear that cholera had arrived in earnest in the city. There had been four reported cases and three deaths. A notice to this effect had been posted on the Custom House.⁶⁸ It was from T. Morris and John Brickdale and read as follows: 'Notice is hereby given that the secretary to the board of health established in this port has signified to the Collector and Comptroller that three cases of malignant cholera appeared yesterday in the city, that two deaths have ensued, and the other patient not expected to live'. The following week the papers were reporting on further cholera deaths and the use of chloride of lime to fumigate and sanitise infected buildings. There was also the report of six cases in the Gaol.⁶⁹ *The Bristol Mirror* reported a special General Committee of the Corporation of the Poor at St. Peter's Hospital had been established in order to deal with communications from the Board of Health. The committee also voted for the foundation of a cholera hospital. Additionally, the paper reported the first cases to be in Harford's Court near the stone bridge by the Frome.⁷⁰ As July progressed and more cases became evident, there were reports of continuing



St Peter's Hospital (Photo courtesy of Derek and Janet Fisher)

fatalities in the papers, as well as adverts for medicinal cures such as Moxon's Effervescent.⁷¹ There were letters from anonymous citizens with comments, observations and advice. At the beginning of August the papers announced the composition of the Bristol Board of Health. It was to consist of the Mayor, Alderman Daniel G. Hilhouse, the Governor, Deputy Governor, four assistants from St. Peter's, Rev. T. Biddulph, Thomas Stock and Doctors, Carrick, Benard, Howell and Kentish amongst others.⁷² The following week it was reported that there had been an alarming number of cases at the Workhouse in St. Peter's Hospital.

There was also a case of a young boy dying in St. Peter's Hospital and being taken for burial at St. James. However, an angry mob intervened and demanded the coffin be opened for fear the boy was being buried alive. This was symptomatic of the general fear and distrust of doctors at this time and highlighted the fears of deliberate poisoning and the horror of being buried alive. During one of the disturbances surrounding the burial of the dead, the gentlemen in charge of St. Peter's Hospital were accused of suffocating the poor to be rid of them.⁷³ Additionally, it was reported that there was a new piece of ground being set aside at the Cattle Market for the burial of cholera victims.⁷⁴ Cholera victims were taken at night by boat for burial to escape the notice of the mob.⁷⁵

As August progressed, more outbreaks were reported in the parish of St. Phillip and Jacob, St. James and St. Paul's. There were desperate pleas for more funds to aid the poor. A resolution passed at the Board of Health meeting in November 1831 resolved to facilitate the means to raise funds for ventilating and whitewashing the homes of the poor.⁷⁶ The suggested sum to be donated by the minister and churchwardens should be ten shillings, and five shillings to be paid by parishioners. The book of cholera subscriptions recorded by the Bristol Board of Health in 1832 recorded the donations and the cost of the work; for example, whitewashing of houses in St. Leonard's Lane cost four shillings.⁷⁷ A wave of altruism began to spread, as those who professed evangelical principles moved amongst the sick to demonstrate proof of their good works. These acts of charity mainly consisted of the production of leaflets and moral literature which was of little practical help. In addition, there were acts of charity from the Anti-Cholera Association such as providing food and blankets. These may have seemed purely palliative, but nevertheless, as the Reverend Leigh argued, without these acts of charity, 'famine must have completed what pestilence had begun'.⁷⁸

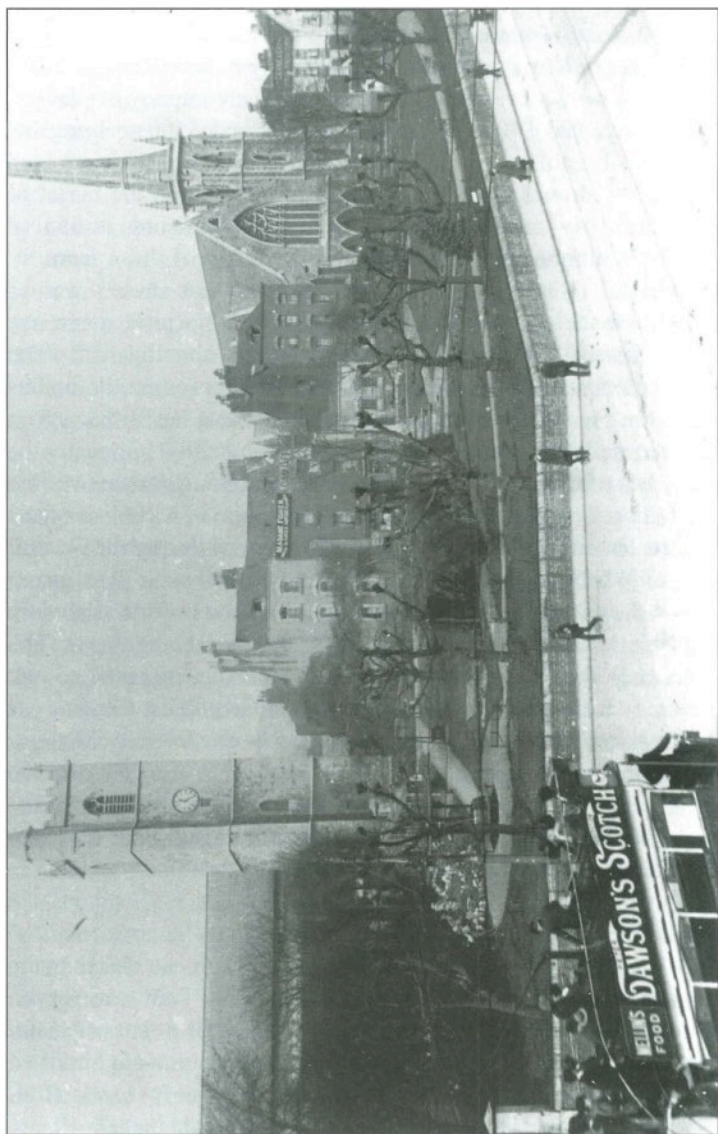
In common with other cholera affected areas, there were several attempts to cleanse the streets and purify the air and clear the miasma. In Bristol this consisted of fumigation of the streets by the burning of tar barrels and juniper berries in Host Street and Steep Street.⁷⁹ The end of

August saw a slight drop in the number of cases reported and there was a great deal of correspondence in the newspapers about the upcoming St. James Fair.⁸⁰ This annual fair was a key event in Bristol and drew many people in from the surrounding areas. However, it had been deemed a risk under the current circumstances and was therefore cancelled due to a national prohibition of public gatherings.⁸¹

A deposition from the Governor of the Gaol (4th September 1832) showed that the disease was still a problem. It concerned the incarceration of a female prisoner, Sarah Nutt, and her child. The child had cholera and the Governor had contacted the Board of Health.⁸² As the month progressed the disease was confined to the outskirts of the city, nevertheless caution was advised. *Felix Farley's Bristol Journal* recommended that 'precautionary means must be kept up - the issue must be left with God'.⁸³ October finally saw disappearance of the cholera and by November the papers were pleased to report that 'the cholera we are happy to state has so nearly disappeared in England and Scotland that no further reports will be published by the Board of Health'.⁸⁴

The Parish of St. James Barton

This parish was originally situated outside the city walls and used to consist of both a priory and hospital in the medieval period. In the nineteenth century, all that remained was a parish church and large burial ground. It was also well-known for holding the annual St James Fair which had been put in jeopardy by the cholera outbreak of 1832. A public notice was produced on August 29th from Whitehall, prohibiting the gathering of people in order to prevent the spread of the disease.⁸⁵ It specifically refers to the St. James Fair and empowered the magistrates of Bristol to 'stop the fair or any public gatherings to prevent cholera'. In addition to this, a further announcement was issued from Bristol Council House by the Mayor, Charles Pinney.⁸⁶ It upheld the decree from Whitehall and did 'forbid the holding or attending the said fair in the present year, on the said 1st day of September or at any other day or days or at any time or times in the present year'. This was to cause a great deal of consternation amongst the inhabitants and clergy of the parish. The fair was an annual boost to their revenue and money had already been disbursed in anticipation of the event. The clergy were so concerned that they sent a letter to the Prime Minister, Viscount Melbourne.⁸⁷ In this they argued that the fair was an annual event, which lasted for nine days and the traders were therefore tenants. The tenancies had already been allocated and people had begun to make their journey. Booths had already been built at the expense of £130. Profits from the fair usually amounted to £270 per annum and went towards church upkeep.



St James Barton (Photo courtesy of Derek and Janet Fisher)

The churchwarden was keen to point out that he understood the need to prevent the cholera but wanted to underline the ‘consequences which will follow in a Parish already labouring under a load of debt.’ They also wished to question the rights of the Board of Health over the parish. *Felix Farley’s Bristol Journal* recorded the prohibition of the fair and the reparations requested by the hardships incurred by its cancellation.⁸⁸ One of those in need of recompense was the leader of a company of players, who had already paid £401 per week in wages and £500 to bring his troupe down to Bristol.

St. James Parish was also to play an important role in the burial of cholera victims. As one of the prominent city parishes it had to accommodate a number of the dead, including many of those from St. Peter’s Hospital. The vestry minutes record that there was a representation made to the Board of Health and hospital as to the dangers of burying cholera victims in their churchyard.⁸⁹ The churchwarden expressed his concern that the soil prevented the bodies being buried at the proper depth and this might be a health hazard. It was also recorded that cholera victims were eventually buried in the furthest reaches of the churchyard. There is a continuing debate over the site of these burials. A brass plaque recorded the site of a cholera burial ground in the Broadmead area but this was destroyed during the Second World War. When the current site of House of Fraser was being excavated in the 1954, 220 bodies were discovered in coffins at about a depth of 4ft 6in.⁹⁰ They were buried in an east-west alignment. The *Bristol Evening Post* reported that due reverence was given to the remains as they were removed and re-interred in Greenbank Cemetery.⁹¹ The paper reassured its readers that although the remains may be those of plague victims, there was no danger of anyone contracting the disease. As this particular area once belonged to St. James and was located at the furthest reaches of the churchyard, the evidence suggests that this may have been the site of the cholera burials.

The Parish of St. Paul’s

In 1834 Adam Chadwick MD published a document charting the progression of the cholera through the Parish of St. Paul’s in Bristol during the 1832 epidemic.⁹² As a member of the Bristol Board of Health he was uniquely placed to present a clear and vivid picture. He observed that the majority of individuals affected were already weak from previous diseases, lack of food or drunkenness. He added that the illness was more frequent near the back stream of the River Frome and the area consisted of the labouring classes and paupers. The dwellings he saw were crowded and ill-ventilated. He noticed that at the time the disease

appeared, an offensive smell was apparent and that the disease mostly prevailed in areas with offensive drains. In addition, he recorded that certain foodstuffs were thought to have precipitated the disease, such as fried potatoes, rotten peas, cucumbers and too much salt. Chadwick himself believed that the cases were most numerous because the weather was sultry, although he did not agree that the state of the atmosphere had any bearing on the virulence of the disease. He observed that more than half the cases occurred between the ages of 15 to 50 and more females died than males.

Symonds charts the Progress of Cholera

John Addington Symonds published a report on the progress and causes of cholera in Bristol in 1832.⁹³ His observations and remarks were extremely thorough. He prepared and published a complete set of mortality statistics. In his report he opened by discussing a case of cholera recorded in March 1832 on board a ship at Hotwells. The afflicted seaman came from Rotherhithe, but the disease was not passed onto anyone else.⁹⁴ The first case he records in the city itself was on 11th July in Horford's Court. The victim was a woman recently arrived from Bath where there was as yet no cholera. Symonds noted that this court was a good breeding ground for disease and had six to eight houses facing each other with a narrow space in between. The courts stood on the banks of the Frome and 'in every house and almost in every room, the nostrils were assailed by exhalations which had arisen from this Stygian stream. Such was the spot where cholera first planted its foot'. He also observed that the inhabitants of the court 'subsisted on crude vegetable matter'. He concluded that the state of the area was a 'malign co-operation of local agents with the atmospheric taint'.⁹⁵ Symonds then goes on to record that Harford's Court did not form the centre for on July 16th there were 39 cases reported in the Gaol. He goes on to describe the outbreak in the Temple area which he states was the 'abode of very poor persons and where it raged with great violence, especially in a part situated on the margin of the floating basin'. He subsequently commented on St. Phillip's and declared that it was 'unequalled throughout the kingdom for the destitution and misery of its population'.⁹⁶

Symonds went on to discuss the disastrous outbreak of the disease at St. Peter's Hospital. The first victim was taken ill on 24th July and the disease remained there until the 20th August. In all, there were 208 cases of which 94 died. On the 5th August there were 15 deaths in one day. On August 6th, of the 39 reported cases in the city, 33 of these came from St. Peter's.⁹⁷ The papers felt this to be an outrage. *Felix Farley's Bristol*

Journal described the hospital as a 'workhouse, bedlam and house for vagrants'.⁹⁸ There were 600 inhabitants with beds for only half of them. Two-thirds of the victims were either under the age of 20 or above the age of 60. The paper commented that the hospital had also suffered a similar catastrophe in 1817-1818 when it was visited with an outbreak of typhus. St. Peter's Hospital was the main contributor to the mortality statistics of Bristol during the summer of 1832 as institutions such as these were breeding grounds for disease. As well as contaminated drinking water, the chronic overcrowding and unsanitary living conditions to be found in workhouses and jails hastened the spread of disease, leaving little hope for the poor souls incarcerated within.

Outlying areas

Although it was the city of Bristol that suffered the worse outbreaks of cholera, it did spread to some of the outlying areas. In the parish of St. George in 1832-3 there were two distinct waves of cholera outbreaks in which 33 people died. One occurred in September 1832, the next between November and December in 1833.⁹⁹ St. George and the east of Bristol were well-known mining areas and thus some of the inhabitants found themselves living in some of the filthy and squalid conditions reminiscent of the city.

On the 1st August 1832 a meeting was held in the parish of Oldland, which included Kingswood. The churchwardens, overseers of the poor and local doctors met to discuss the outbreak of cholera at St. Peter's Hospital in the city. They recorded that, as there had been so many fatalities in the hospital from cholera, managers were sending large numbers of boys into the Kingswood area to escape the disease. Those at the meeting felt this to be:

'... very injudicious, seeing the boys are placed in cottages so small and close as to be likely to increase and promote the disease even more than their residence in hospital, and that by scattering the boys abroad among such a dense population of very poor persons as are found in this neighbourhood, the probability is that such a measure will be the means of extending and spreading the disease to a very alarming extent.'¹⁰⁰

It was resolved to return the boys to St Peter's and to receive no others. The newly consecrated Holy Trinity church in Kingswood found itself having to create a cholera burial site at the furthest reaches of its churchyard, as it was popular belief that cholera burials would pollute the surrounding soil. Two of the victims in the 1832 epidemic were Elizabeth Britton aged 80 and Esther Britton aged 9, who both died in November and who were fortunate enough to receive a memorial stone.

As late as 1946 Kingswood Council minutes reported that the proposed new road could not go through the area as people still believed that it would release cholera germs into the air.¹⁰¹

Individual Cases

Although the majority of the victims of the cholera were from the labouring or poorer classes and were destined to remain anonymous, the passing of some of the more affluent citizens of Bristol were recorded in the obituaries of the local newspapers. One of the first obituaries was dated August 25th 1832, and recorded the death from cholera of Mr. E. Whipperman and his two children. He was recorded as 21 years clerk to Mr. Sage and resident at 4, St. Phillip's Place.¹⁰² The following week the death of one of Bristol's most important figures was announced. William Wady Tyler, brother to the Provincial Grand Lodge and one of the city's oldest Masons, died of the cholera at Sion House, Cumberland Road. Apart from being one of the more influential figures in the city he had also sailed under Admiral Rodney in the West Indies.¹⁰³ September 2nd of that year saw the death of Eliza Furlong, wife to Captain Thomas Furlong, as well as his two children and one servant.¹⁰⁴ *Matthew's Directory* records them as living at 27, Vincent's Parade at the time.¹⁰⁵ Later that month Mr. John Mitchell, aged 65, brother to the late Captain W. Mitchell of Keynsham, also fell victim to the cholera.¹⁰⁶ October 5th saw the death of Captain W.G. Brinton of the brig *Elizabeth*. He was aged 39 and left a widow and child.¹⁰⁷

Those mentioned above represent only a minute proportion of the total number of victims of cholera in Bristol and the surrounding areas. However, it does show that even those with wealth and station were not immune to the disease. John Addington Symonds did not comment on the deaths of the more affluent members of Bristol society or what may have caused them to contract cholera. It would seem unlikely that the more prosperous citizens of the city would contract the disease from drinking contaminated water. However, Playfair and de la Beche had commented in their 1845 report that even the purity of the water in Clifton was not up to standard. Furthermore, research by John Snow in 1850s London proved that contaminated water was able to reach more affluent areas. John Snow became interested in the death of a respectable elderly lady from cholera in Hampstead. On further investigation Snow discovered that the lady in question loved the taste of water from the Broad Street pump so much, she had the water shipped to her on a regular basis!¹⁰⁸ Previously, Snow had proved that water from this pump had been the cause of the cholera outbreak in the impoverished area of Golden Square.

Towards the end of September 1832, the numbers of those becoming infected with the cholera in the city were subsiding. On November 17th 1832 the Mayor of Bristol, Daniel Stanton, issued a proclamation setting aside Tuesday 27th of November to be a day of public thanksgiving for the removal of cholera from the city. All places of worship were to be opened for the public to give thanks for 'the great mercy thus vouchased [sic] to them'.¹⁰⁹ Consequently the city breathed a sigh of relief, little knowing that this was to be just the first of a number of epidemics to blight the nineteenth century.

Bristol after 1832

Unfortunately, the people of Bristol could do little in the face of the epidemic and the disease ran its course without much interference. Neither those in local Government nor those practising medicine had been able to prevent the cholera returning and this situation was echoed throughout the country. The subsequent twenty years saw a number of remedial measures undertaken in the city of Bristol, but these were both too little and too late. One of the most pressing issues was the parlous state of parochial cemeteries. Recognition of this problem led to the creation of the Bristol General Cemetery Company by private Act of Parliament in 1837. Consequently Arnos Vale Cemetery was founded in some way to help resolve the sanitation problems in the city as well as to realise a profit.¹¹⁰ This garden cemetery was designed by Charles Underwood and was set in a natural Arcadian landscape punctuated with neo-classical architecture.¹¹¹

The late 1840s continued to see Bristol as one of the dirtiest cities in the country. None of the sewerage problems had been addressed. As mentioned earlier, the 1845 report from the Royal Commission conducted by Sir H. de la Beche and Dr. Lyon Playfair painted a most unflattering portrait of the city.¹¹² Cholera had returned to Bristol on 10th June 1849 and claimed 778 victims of whom 444 people died.¹¹³ Regrettably, the same fear and panic gripped the city as it did in 1832, to such an extent that a number of residents from Clifton fled.¹¹⁴

In answer to these difficulties, in 1851 a Local Board of Health was established. It had five main aims: the cleansing and lighting of the public streets; the creation of a decent public sewerage system; the removal of nuisances; the enforcement of parliamentary legislation and the prevention of epidemic disease such as typhoid and cholera.¹¹⁵ Within 15 years, 160 miles of sewers were constructed, emptying their contents into the River Avon. The architect of London's great sewerage system, Sir Joseph Bazalgette, was consulted on the construction of these sewers.¹¹⁶ The re-appearance of cholera awakened the authorities need

for radical action. The belief that bad smells created bad health was reflected in the determination to improve systems of street cleansing in the city. The creation of the Bristol Water Works Company in 1846 led within five years to 3,152 houses being connected to a clean water supply. However, only a fraction of the poorer houses were included. William Budd himself was a director of the water company.¹¹⁷

In 1854, another cholera outbreak affected areas such as Horfield Barracks and it became clear that the sanitary improvements had made much headway.¹¹⁸ In addition, this year saw the implementation of Lord Palmerston's Act that banned interments in parochial burial grounds, and as a result a number of Bristol's parochial cemeteries were closed.¹¹⁹

At this time, William Budd's ground-breaking work on the transmission of cholera was generating national interest. He argued that the disease was disseminated through water and not through miasma which was still considered to be the case. Although his theories were not accepted nationally, they were listened to and acted upon at a local level.

The first medical officer of health, David Davies, was a firm ally of Budd and made sweeping changes during the typhus epidemic of 1864.¹²⁰ In 1865 Davies implemented sanitary reforms based on the work of Dr. Buchanan (representative of Sir John Simon, Medical Officer to the Privy Council.)¹²¹ These included a major disinfection regime and the demonstration of sanitary procedures. Davies was also assisted by the 'Sanitary Mission', a team of women employed to clean and sanitise, who became the forerunners of today's health visitors.

Although Bristol had been sluggish in implementing sanitary reform, it began to lead the way in Public Health reform in the 1860s. This was thanks to the ground-breaking efforts of men like Davies and Budd. As a result of their remarkable efforts, Bristol was all but spared the outbreak of cholera in the 1860s. Budd himself said during a lecture at the Victoria Rooms in 1869 that 'the plain lesson of Bristol was that other local authorities should be compelled by law to follow her example.'¹²²

Was this the end?

The 1832 outbreak in no way signalled the end of the epidemics. The drastic improvements needed to improve the situation were not generally put in place due to local apathy and inertia. There remained a lack of understanding of the relationship between disease and social conditions. For many the most important lesson to be learnt from the epidemic was that society needed to improve its morality; for many it was a punishment from God for wickedness and sin. Nevertheless, the cholera re-appeared in 1849 with a higher mortality rate than the first. This was

unexpected as such a high mortality rate should not have occurred in a country that had already witnessed an outbreak of the disease. However, the 16 year gap between the two outbreaks might account for this phenomenon as a large number of the young population would not have experienced the first epidemic.¹²³ The second epidemic struck virtually every county in England. The mortality rates of the great towns were similar to 1832 if not slightly lower, with the exception of some of the industrial towns of the north whose populations had grown exponentially. There had been a raft of legislation such as the Public Health Act and Nuisances Removal Act.¹²⁴ Yet in spite of these increased efforts, *The Times* complained bitterly in 1852 that ‘the cholera was departed out of sight and mind and we have relapsed into indifference and something beyond.’¹²⁵ The return of the disease in 1854 was another shock but the disease not so widespread. However, it still affected the major industrial centres whose sanitary conditions had not improved. In 1866, cholera struck again but without the same dramatic consequences, as the effects of sanitary reform finally became evident. The efforts of sanitary reformists such as Chadwick, in league with doctors such as Budd and Snow, began to reduce the spread of waterborne diseases.

England’s success impressed governments elsewhere and in 1866 New York implemented a health board based on the English model.¹²⁶ This model proved such a success that, whilst Europe and North America were spared further cholera outbreaks, the rest of the world continued to suffer. As late as 1893, the renowned composer Tchaikovsky was rumoured to have died in St. Petersburg from cholera after drinking a glass of unboiled water.¹²⁷ Unfortunately, since that time the situation has not changed for the better. As recently as 1991, there was an outbreak of a vicious new strain of cholera, the El Tor vibrio. It ravaged the continent of South America and remains endemic in the region to this day.¹²⁸

This resurgence of cholera in our time demonstrates the fragility of our fight against epidemics. It also highlights the continuing difficulties inherent when there is breakdown of public health measures in conditions such as war or famine. Indeed, cholera appeared in Iraq after the spate of bombings during the recent war and concerns have been raised again after the recent earthquake in Iran.¹²⁹ In addition, current scientific research is raising fears that the disease is being spread around the world by commercial ships in their ballast water.¹³⁰

Clearly we can neither escape disease, nor protect ourselves within some magic bubble. However if the cholera epidemics of the nineteenth century have taught us anything, it is that we can protect ourselves as long as we are not weighed down by short-sightedness, inertia and self-interest.

Footnotes

Abbreviations: BBHA - Bristol Branch of the Historical Association
BRO - Bristol Record Office
BU - Bristol University Medical Library
Well - Wellcome Library, London

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27. J.H. Bettey, *Bristol Observed: visitors impressions of the city from Domesday to the Blitz* (Bristol, Redcliffe Press, 1986) p.107.
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81. *Felix Farley's Bristol Journal* (Saturday September 1st, 1832).
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